

U.S. Department of Justice  
United States Marshals ServiceU.S. MARSHAL  
BALTIMORE, MD

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process" on page 2 of this form.

PLAINTIFF

William M. Schmalz

COURT CASE NUMBER

RFB-15 PM 472

DEFENDANT

Patrick G. Grady

TYPE OF PROCESS

CLERK'S OFFICE

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

1103 Chesapeake Cr., Palatine, IL 60074

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

1

Number of parties to be  
served in this case

1

Check for service  
on U.S.A.William M. Schmalz  
6636 Washington Blvd. #71  
Elkridge, MD 21075

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

[Signature] Pro. Sec

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

410-206-9637

DATE

5/11/2015

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

1

District of  
Origin

No. 037

District to  
Serve

No. 037

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

06/03/2015

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

05/20/2015

Time

☐ am☐ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

\$8.00

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

\$8.00

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$0.00

REMARKS: served via certified mail return receipt restricted delivery 8 7014 8120 0000 8092  
8125  
Service was accepted on 05/20/2015

## DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment.  
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Patrick G. Grady  
1103 Chesapeake Ct.  
Palatine, IL 60074

RDB-15-1241

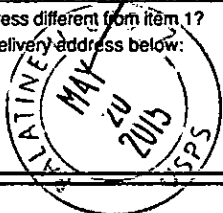
**2. Article Number**

(Transfer from service label)

1 701412120 0000 8092 8125 11

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery**

**D. Is delivery address different from item 1?**  
if YES, enter delivery address below:

☐ Yes☐ No**3. Service Type**☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.**4. Restricted Delivery? (Extra Fee)**☒ Yes

7014 2120 0000 8092 8122

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
Here

Total Postage &

Sent To

Street & Apt. No.,  
or PO Box No.

City, State, ZIP+4

- Patrick G. Grady  
1103 Chesapeake Ct.  
Palatine, IL 60074